## Use This Form To Register For ALL NON-CAMP Programs

## TOWN OF ISLIP RECREATION PROGRAM REGISTRATION FORM

Fill out and return with 1) A copy of your current Recreation Card, 2) Proof of age if needed, and 3) For mail-in registrations only, your check payable to the Town of Islip or MasterCard or Visa charge card number to: Department of Parks, Recreation & Cultural Affairs, 50 Irish Lane, East Islip, NY 11730. (Please feel free to duplicate this form.)

PLEASE PRINT

Adult/Parent's Name	Date									
AddressNO. S	STREET			TOWN				ZIP		
		Work Phone	Additional local emerg				gency :			
Participant's Name	Age	Date of Birth	Program	Activity #	Session Letter Choice 1st   2nd   3rd			Location/Site	Time	Fee
Medical information (medication	n, allergies, et	C)								
Parent or Guardian permission	signature if re	gistering a child:								
METHOD OF PAYMEN	NT: C	heck Cash_	Charge			1	Total A	mount \$		
MasterCard / Visa Account	No			Expir	Expiration Date:					
Signature:										
FOR OFFICE USE: Receipt #			Date Received:		Cashier:					